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CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 1472

Introduced by Assembly Member Leno
(Coauthors: Assembly Members DeSaulnier, Hancock, Jones, and
Salas)

February 23, 2007

An act to add Part 10.5 (commencing with Section 116097) to Division 104 of the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1472, as amended, Leno. Public health: California Healthy Places Act of 2008.

Existing law establishes various programs administered by various agencies and departments related to public health, including environmental health, children's health, and occupational health and safety, many of which are administered by the State Department of Public Health.

This bill would establish the California Healthy Places Act of 2008, which would require various state agencies and departments to collaboratively support childhood development, prevent injury, illness, and chronic disease, ensure environmental health, and reduce health disparities by providing knowledge, guidance, and resources for public health assessments of land use and transportation system planning.

The bill would require the State Public Health Officer to form an interagency working group (IWG), *by July 1, 2008*, to be comprised of one representative each from certain agencies and entities, including, among others, the Department of Food and Agriculture, the State Department of Public Health, the Office of Planning and Research, the Superintendent of Public Instruction, and the Department of Transportation, which would be required to, among other things, identify, evaluate, and disseminate available evidence, information, programs, and best practices on environmental health, and establish environmental health goals, as provided.

The bill would also, *on and after July 1, 2008*, establish a program within the State Department of Public Health to guide and support cities and counties in conducting health impact assessments, as provided. The program would, among other things, provide funding, technical assistance, and training to eligible local entities, as defined, to prepare health impact assessments, as provided. The bill would establish funding criteria for local entities that elect to participate in the program, and would require these local entities to prepare and submit to the department a health impact assessment report, as specified. The bill would also require the State Public Health Officer, in collaboration with the IWG, no later than January 1, 2010, to develop guidelines relating to the creation of a local entity's health impact assessments of land use, housing, and transportation policy and plans, as provided.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. This act shall be known and may be cited as the
- 2 California Healthy Places Act of 2008.
- 3 SEC. 2. Part 10.5 (commencing with Section 116097) is added
- 4 to Division 104 of the Health and Safety Code, to read:
- 5
- 6 PART 10.5. CALIFORNIA HEALTHY PLACES ACT OF 2008
- 7
- 8 116097. The Legislature finds and declares all of the following:
- 9 (a) According to the Institute of Medicine of the National
- 10 Academies, improving health in the 21st century will require new
- 11 approaches to environmental health, including strategies to deal
- 12 with waste, unhealthy buildings, urban congestion, suburban

1 sprawl, poor housing, poor nutrition, and environment-related
2 stress.

3 (b) Optimal health for all people requires healthy environmental
4 conditions, including adequate and good quality housing; access
5 to public transit, schools, and parks; safe routes for pedestrians
6 and bicyclists; safe and productive employment; open space and
7 natural areas; and unpolluted air, soil, and water.

8 (c) Currently, the environmental resources for good health vary
9 considerably for Californians from neighborhood to neighborhood.
10 These differences have significant impacts on health, with life
11 expectancy varying from neighborhood to neighborhood by as
12 much as 28 years for men and 25 years for women. Similar
13 “place-based” health disparities exist for asthma hospitalizations,
14 heart disease, diabetes, and low birth weight births. Access to
15 grocery stores and other outlets for healthy foods also affect obesity
16 and other health conditions.

17 (d) Growth in this state will require significant land use
18 development and redevelopment, creating the need and opportunity
19 for health assessment of land use and transportation plans.

20 (e) Research on health and the built environment already provides
21 substantial evidence to inform land use and planning decisions as
22 to how they might create the conditions for better health and
23 reduced health disparities. Some of the key findings of this research
24 include all of the following:

25 (1) Higher quality housing appropriately located relative to busy
26 roadways can reduce asthma attacks.

27 (2) Less noise promotes sleep, healthy blood pressure, and
28 school learning.

29 (3) Sufficient residential density in combination with a diversity
30 of land uses promotes physical activity and reduces air pollution
31 emissions and vehicle injuries.

32 (4) Reasonable housing costs can prevent hunger and promote
33 childhood growth.

34 (5) Access to natural spaces can improve mental health and
35 function.

36 (6) Calming traffic in residential areas reduces pedestrian
37 injuries.

38 (7) Public transit and pedestrian-friendly environments can
39 promote physical activity.

1 (8) Neighborhood schools and child care centers reduce traffic
2 congestion, foster community social relationships, and engage
3 students in learning.

4 (9) Environmental design that promotes “eyes on the street”
5 can prevent violence.

6 (10) Accessible neighborhood grocery stores reduce diet-related
7 diseases.

8 (f) Local public health agencies are increasingly investing in
9 strategies to improve the built environment to improve population
10 health and reduce health disparities.

11 (g) Health impact assessment is an internationally established
12 policy evaluation practice that aims to inform decisionmakers
13 about how public policy can best improve health and the
14 distribution of health.

15 (h) The California Environmental Health Tracking Program
16 (CEHTP) is currently developing a comprehensive plan for a
17 standards-based, coordinated, and integrated system that would
18 facilitate public health actions through monitoring, reporting,
19 linkage, and communication of data on environmental hazards and
20 exposures, and environment-related diseases. Pilot programs that
21 are currently underway pursuant to the CEHTP are creating new
22 data tools to track environmental hazard-related ~~diseases~~ *disease*
23 trends, and geographic areas with disproportionate exposure or
24 disease burdens.

25 116097.5. In establishing this act, it is the intent of the
26 Legislature to do all of the following:

27 (a) Prevent illness and disease, improve health, and reduce health
28 disparities in California by promoting environmental conditions
29 supportive of health.

30 (b) Identify, evaluate, and promulgate valid knowledge and
31 support public health research and practice that support the design
32 and creation of healthful neighborhoods, rural communities, cities,
33 and regions.

34 (c) Provide guidance, technical support, training, and grants for
35 local agencies to conduct health impact assessments of land use
36 and transportation policy and plans. Health impact assessments
37 conducted using state-funded grants shall be complementary to
38 existing planning assessments, inform planning efforts as to their
39 consequences on human health and health disparities, both positive
40 and negative, utilize available expertise as well as the experience

1 of community stakeholders, and suggest courses of action that
2 would promote health.

3 116098. As used in this act, the following terms shall have the
4 following meanings:

5 (a) "Director" means the Director of the State Department of
6 Public Health.

7 (b) "Health" means a state of complete physical, mental, and
8 social well-being, and not merely the absence of disease or
9 infirmity.

10 (c) "Environmental health" means the modifiable physical,
11 chemical, or biological factors in the environment external to
12 humans that can have a positive or negative effect on human health.
13 Well-established known environmental health factors include all
14 of the following:

15 (1) Pollutants, including chemical or biological agents in the
16 air, water, or soil.

17 (2) Noise, UV and ionizing radiation, and electromagnetic fields.

18 (3) Occupational hazards.

19 (4) Built environments, including homes, schools, workplaces,
20 parks, public plazas, natural areas, open spaces, and transportation
21 systems.

22 (5) Agricultural methods and practices.

23 (6) The capacity of ecosystems to provide their goods, such as
24 freshwater, food, pharmaceutical products, and services, such as
25 the purification of air, water, and soil.

26 (d) "Health disparities" means the avoidable differences in
27 measures of health among specific population groups.

28 (e) "Health impact assessment" means a combination of
29 procedures, methods, and tools by which a policy, program, or
30 project may be judged as to its potential effects on the health of a
31 population, and the distribution of those effects within the
32 population.

33 (f) "Interagency working group" or "IWG" means the
34 interagency working group established under Section 116098.5.

35 116098.5. (a) The director shall establish, *by July 2008*, an
36 interagency working group (IWG), which shall be composed of a
37 representative from each of the following agencies and
38 organizations:

39 (1) The Office of Planning and Research.

40 (2) The Department of Food and Agriculture.

- 1 (3) The California Environmental Protection Agency.
- 2 (4) The Resources Agency.
- 3 (5) The Superintendent of Public Instruction.
- 4 (6) The Department of Transportation.
- 5 (7) The State Department of Public Health.
- 6 (8) The Department of Housing and Community Development.
- 7 (9) The Division of Occupational Safety and Health.
- 8 (10) Any other state agencies, organizations, or experts that can
- 9 contribute to the goals outlined in subdivision (a), as determined
- 10 by the director.

11 (11) Community-based organizations from five regions
12 throughout the state that serve individuals from communities that
13 have populations that are disproportionately burdened by disparities
14 in health outcomes or health adverse environmental conditions,
15 including, but not limited to, rural or urban communities with large
16 minority or low-income populations. Community-based
17 organizations may be required to fund their own travel and costs
18 related to participation in the IWG.

19 (b) The IWG shall do all of the following:

20 (1) Identify, evaluate, and disseminate all available evidence,
21 information, and knowledge about programs and best practices
22 related to improving environmental health by including
23 environmental health factors in the built environment.

24 (2) Establish statewide goals and objectives for improvements
25 in environmental health.

26 (3) Survey state agencies to catalog strategies and actions
27 currently being taken or supported for the purpose of improving
28 environmental health.

29 ~~(4) Where appropriate, undertake or facilitate interagency review~~
30 ~~and evaluation of any state-supported project, plan, program, or~~
31 ~~policy that may affect, intentionally or unintentionally, modifiable~~
32 ~~environmental determinants of health.~~

33 ~~(5)~~

34 (4) Monitor the state's progress towards achieving the
35 environmental health goals established pursuant to paragraph (2).

36 ~~(6) Develop and disseminate information to provide guidance~~
37 ~~on health impact assessments in cooperation with the program~~
38 ~~described in Section 116099.~~

39 116099. (a) As used in this act, "eligible entity" means an
40 organization or entity organized under Section 501(c)(3) of the

1 federal Internal Revenue Code serving the community to be
2 impacted by the proposed or applicable activity that elects to
3 conduct a health impact assessment pursuant to this section, or a
4 city, county, or city and county whose governing body elects to
5 conduct a health impact assessment pursuant to this section.

6 (b) ~~There~~*On and after July 1, 2008, there* is hereby established
7 within the State Department of Public Health, the Health Impact
8 Assessment Program, to guide and support the practice of
9 conducting health impact assessments throughout the state. To
10 accomplish this end, the department shall be responsible for all of
11 the following:

12 (1) Identifying and evaluating international model practices in
13 health impact assessment.

14 (2) Developing materials and information for the purpose of
15 providing guidance to eligible entities in relation to land use and
16 transportation planning in the state.

17 (3) Evaluating needs for research and analytic tools to evaluate
18 and forecast health effects resulting from land use and
19 transportation plans and projects.

20 (4) Providing training and technical assistance to local agencies
21 electing to conduct health impact assessments.

22 (5) Establishing a funding program to support the conduct of
23 health impact assessments by eligible entities.

24 ~~(6) Establishing a funding program to develop and validate~~
25 ~~analytic tools to forecast potential health effects of land use and~~
26 ~~transportation planning and policy outcomes.~~

27 ~~(7)~~

28 (6) Evaluating health impact assessments implemented in the
29 state.

30 ~~(8)~~

31 (7) Maintaining a database of health impact assessments
32 conducted in California.

33 (c) No later than January 1, 2010, the director, in collaboration
34 with the IWG, shall develop guidelines relating to the health impact
35 assessment of land use, housing, and transportation policy and
36 plans, which shall include all of the following:

37 (1) A definition of health impact assessment.

38 (2) A set of principles for the conduct of health impact
39 assessment.

40 (3) A review of methods for health impact assessment.

1 (4) Identification of existing guidance documents relevant to
2 health impact assessments of land use and transportation planning.

3 (5) A summary of evidence-based causal pathways that link
4 rural and urban planning, transportation, and housing policy and
5 objectives to human health objectives.

6 (6) Identification of data resources relevant for assessing rural
7 and urban planning, transportation, and housing policy-related
8 human health objectives in the state.

9 (7) Identification of available quantitative and qualitative
10 forecasting methods to evaluate effects on environmental health
11 determinants and related human health outcomes.

12 (8) Review of practices for inclusive public involvement in
13 planning decisionmaking.

14 (9) Guidance for public participation and public review of health
15 impact assessments.

16 (d) The program established pursuant to subdivision (b) shall
17 include a grant program for the purpose of providing funding and
18 technical assistance to eligible entities to prepare health impact
19 assessments.

20 (1) To receive a grant under this section, an eligible entity shall
21 submit to the director an application that contains an initial
22 assessment of the type and magnitude of potentially significant
23 effects on health or determinants of health potentially resulting
24 from the applicable activity or proposed activity related to land
25 use, housing, and transportation policies and plans. In making this
26 assessment, an eligible entity may take into consideration any
27 reasonable, direct, indirect, or cumulative effect relating to the
28 applicable activity or proposed activity, including the effect of any
29 action that is any of the following:

30 (A) Included in the long-range plan relating to the activity or
31 proposed activity.

32 (B) Likely to be carried out in coordination with the activity or
33 proposed activity.

34 (C) Dependent on the occurrence of the activity or proposed
35 activity.

36 (D) Likely to have a disproportionate impact on disadvantaged
37 populations.

38 (2) In determining which entities shall receive a grant under
39 this section, the director shall give priority to entities that meet
40 any of the following criteria:

1 (A) Serve a majority of constituents from the African-American,
2 Latino, Asian American/Pacific Islander, and Native American
3 communities.

4 (B) Are located in areas where over 70 percent of families in
5 surrounding public elementary schools participate in the free or
6 reduced-price school lunch programs.

7 (C) Are located in areas with relatively high rates of
8 environmentally related diseases or conditions including, but not
9 limited to, asthma and respiratory disease, diabetes, coronary heart
10 disease, and obesity.

11 (D) Are located in areas with disparities in health outcomes,
12 including premature mortality.

13 (E) Are located in areas with disparately high burdens of adverse
14 environmental conditions, including, but not limited to, stationary
15 or mobile sources of air pollution, water contamination, traffic
16 hazards, and noise.

17 (F) Are located in areas with disparately fewer environmental
18 resources for community health, including, but not limited to,
19 quality parks, schools, transit, and food resources.

20 (3) Effects on health analyzed in a health impact assessment
21 may be the direct result of the activity or mediated indirectly via
22 effects on any environmental or social health determinants. At this
23 time, known environmental and social determinants of health
24 include all of the following:

25 (A) The quality of air, water, and soil.

26 (B) The quality, accessibility, and affordability of housing.

27 (C) The quality and accessibility of public plazas, parks, and
28 natural spaces.

29 (D) The availability of transportation choices.

30 (E) Environmental noise.

31 (F) The quality and accessibility of public services, such as
32 libraries.

33 (G) The quality and accessibility of public educational facilities.

34 (H) Cultural and historical institutions.

35 (I) Community cohesion.

36 (J) Social networks.

37 (K) Diversity and security of income and employment.

38 (L) Access to fresh fruits and vegetables and the proximity of
39 residents to businesses that sell nutritious foods.

40 (M) The use of tobacco, alcohol, and controlled substances.

1 (4) Local health impact assessments shall meet all of the
2 following purposes:

3 (A) To evaluate the probable consequences for the health of a
4 population resulting from a proposed activity.

5 (B) To facilitate the involvement of state and local health
6 officials in the health impact assessment of community planning
7 and land use decisions.

8 (C) To identify and evaluate alternatives to a proposed activity
9 with respect to the costs and benefits on health.

10 (5) A health impact assessment prepared under this section shall
11 do all of the following:

12 (A) Describe pathways through which the proposed activity
13 may affect health determinants and health.

14 (B) Assess, quantitatively or qualitatively, the baseline
15 conditions of health determinates and health outcomes, disparities
16 in health, the presence of health-sensitive populations, and the
17 direction and magnitude of the effects on health determinants and
18 health of the proposed activity.

19 (C) Make evidence-based recommendations of the eligible entity
20 with respect to both of the following:

21 (i) The mitigation of any adverse impact on health of the
22 proposed activity.

23 (ii) The achievement of any positive potential impact of the
24 proposed activity.

25 (D) Identify a means for monitoring the impacts on health of
26 proposed activity.

27 (E) Maintain consistency with guidelines developed by the
28 officer created pursuant to subdivision (c).

29 (F) Maintain consistency with the principles of health impact
30 assessment adopted by the IAIA.

31 (6) An eligible entity receiving assistance pursuant to this section
32 shall prepare and submit to the officer a health impact assessment
33 report.

34 (7) In addition to the requirements set forth in paragraph (1), to
35 receive a grant under this section, an eligible entity shall
36 demonstrate that it has developed a process for collecting public
37 input and collaborating with community organizations, unless the
38 eligible entity is a community organization.

39 (e) The department shall establish and maintain a health impact
40 assessment database, which shall include all of the following:

- 1 (1) A catalog of health impact assessments received under this
2 section.
- 3 (2) An inventory of tools used by eligible entities to prepare
4 draft and final health impact assessments.
- 5 (3) Guidance for eligible entities with respect to the selection
6 of appropriate tools, as described in paragraph (2).
- 7 (f) The department may accept funds from public and private
8 sources for the purpose of implementing this article.

O